

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Bailey (Bailey)

Town

County

Died at

Stevensville

29

MARYLAND

Date

of death

1909 June

Month

Day

25

Age

Years

10

Months

3

Days

9

Sex

Male

Color or
Race

Colored

Birth-
place

Kent Island

Occupation

Laborer

Where Residing if not
at place of death

"

"

Married, Single

Name of Wife or
HuabandFather's
Name

Charles Bailey

Father's
Birthplace

"

Mother's
Maiden Name

Lena Jackson

Mother's
Birthplace

"

Name of person giving
Information

Charles Bailey

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

16 days

Immediate

Pneumonia

How long

9 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

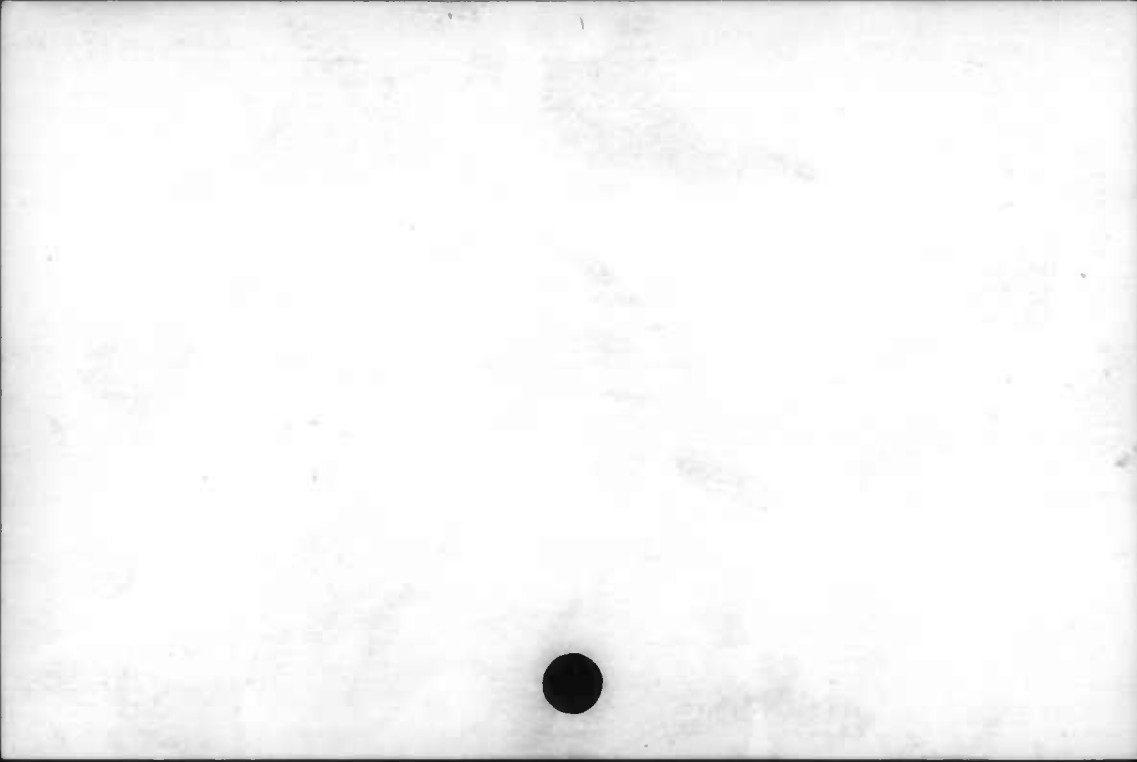
Signature of
Physician

Address

C Percy Kemp
Stevensville, Md

Resident of Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Hermin W. Burris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town no Crumpton County Q D County MARYLAND

Died at no Crumpton

Date of death 190 7 Month June Day 5 Age 5 Years 5 Months 5 Days 25

Sex Male Color or Race white Birth-place Q D Co.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name William W BurrisFather's Birthplace Q D CoMother's Maiden Name Matthe FowlerMother's Birthplace Q D Co.Name of person giving Information William W BurrisHow related to deceased Father

CAUSES OF DEATH

179

Primary MalnutritionHow long 3 or 4 monthsImmediate ExhaustionHow long Week

Are the name, age, sex, color, date and place correctly given above?

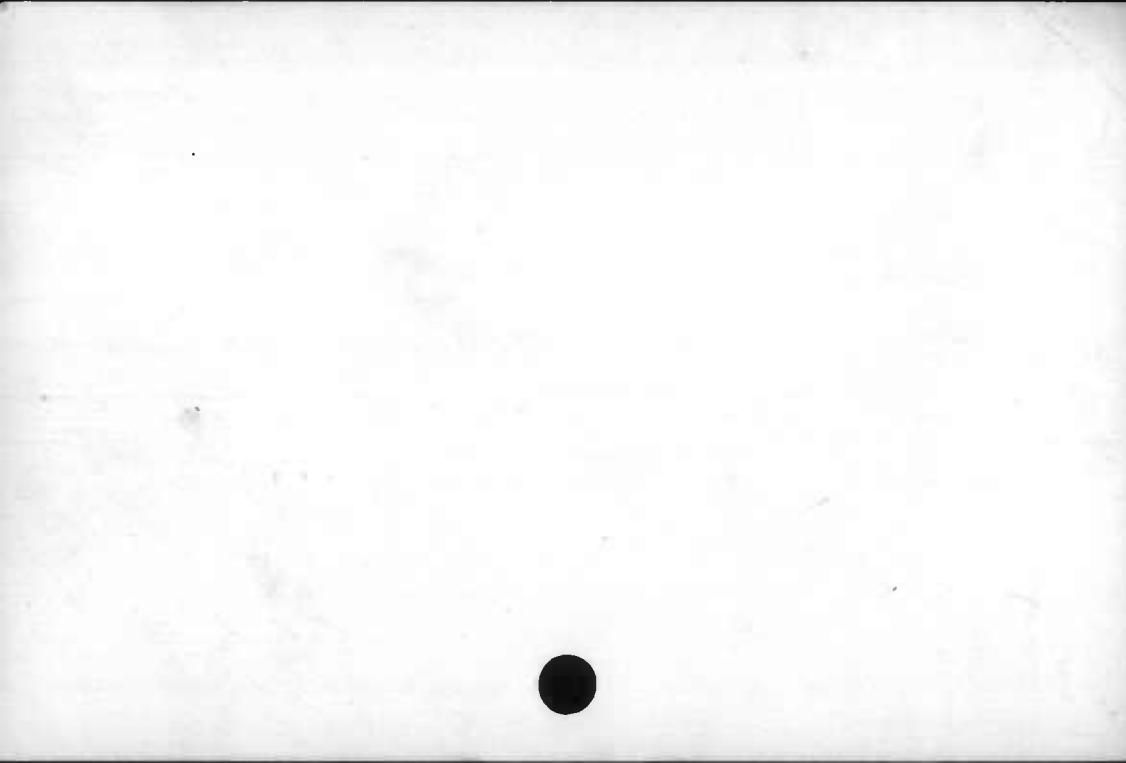
Signature of Physician Arthur E Landers M D

Address

Health Officer

Assident or Suicide

(Only saw this child after death)PHYSICIAN
OR CORONER



Name
in
Full

Samuel G. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

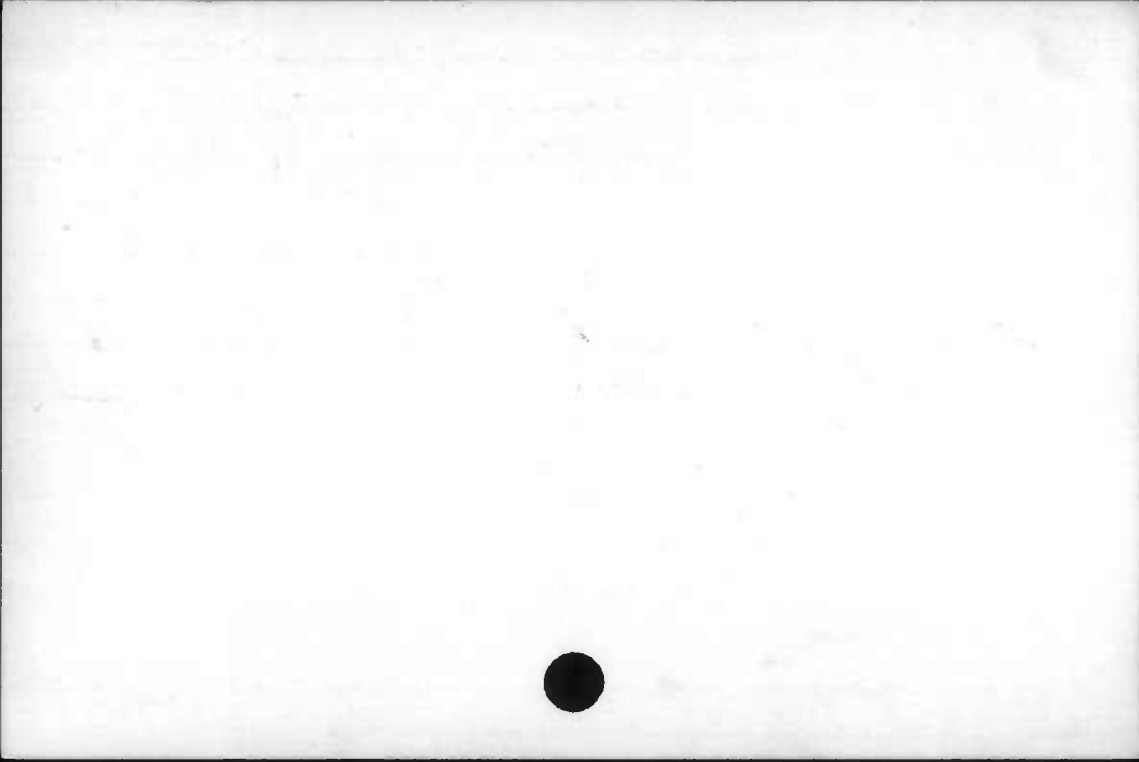
Died <i>near Winchester</i>		County <i>D.C.</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>29</i>	Age <i>1</i>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birthplace <i>D.C. Co., Md.</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Chas. H. Butler</i>		Father's Birthplace <i>D.C. Co., Md.</i>			
Mother's Maiden Name <i>Marah M. Lloyd</i>		Mother's Birthplace <i>D.C. Co., Md.</i>			
Name of person giving Information <i>Chas. H. Butler</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>Nine days</i>
Immediate <i>Exhaustion</i>	How long <i>Three hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Ford</i>
	Address <i>Queenstown, Md.</i>
Accident or Suicide	



Name
in
Full

Nettie Clayton

CERTIFICATE OF DEATH

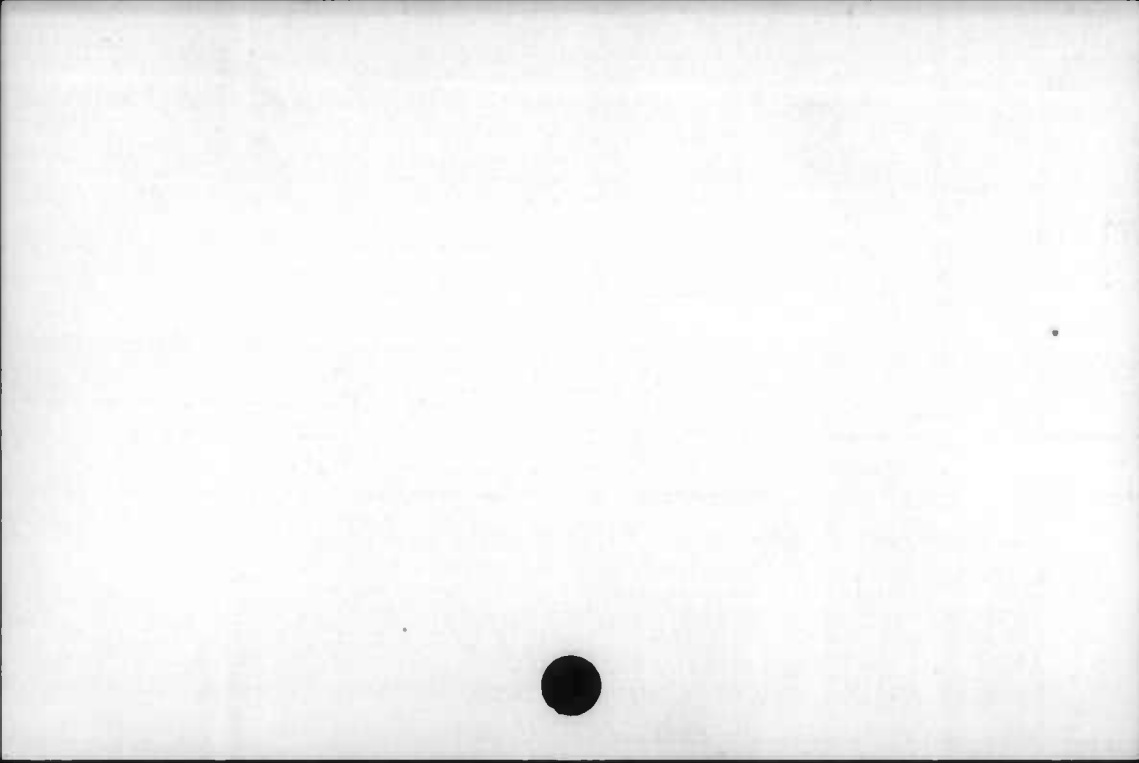
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Burrisville</i>		Town <i>Queen</i>		County <i>Anne</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>6</i>	Day <i>21</i>	Age <i>49</i>	Years <i>9</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Queen Anne Co.</i>				
Occupation <i>House Work</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name <i>John Brazier</i>				Father's Birthplace <i>Kent Island</i>			
Mother's Maiden Name <i>Elizabeth Bailey</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Julia Kirby</i>				How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart</i>	How long <i>10 or 2 yrs</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. R. R. R.</i>
	Address <i>Belleville</i>
Accident or Suicide? <i>No</i>	<i>me</i>



Name in Full *Robt: George, Conyer.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winchester.</i>		Town <i>Winchester.</i>		County <i>Quinn</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>6</i>	Age <i>46</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Winchester Ma</i>				
Occupation <i>Oysterman</i>	Where Residing if not at place of death <i>Winchester Ma</i>						
Married, <i>Single</i>	Name of Wife of <i>Elizabeth Williams</i>						
Father's Name <i>Ephimay Conyer</i>	Father's Birthplace <i>Winchester Ma</i>						
Mother's Maiden Name <i>Elizabeth Griffin</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>M. R. Berry.</i>	How related to deceased <i>None</i>						

CAUSES OF DEATH

26 ✓

PHYSICIAN
OR CORONER

Primary <i>Tubercular Laryngitis</i>	How long <i>Four months</i>
Immediate <i>Exhaustion</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Ford</i>
	Address <i>Quinn</i>
Accident or Suicide?	<i>M.D.</i>



Name
in
Full

Charlotte S. Cortier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

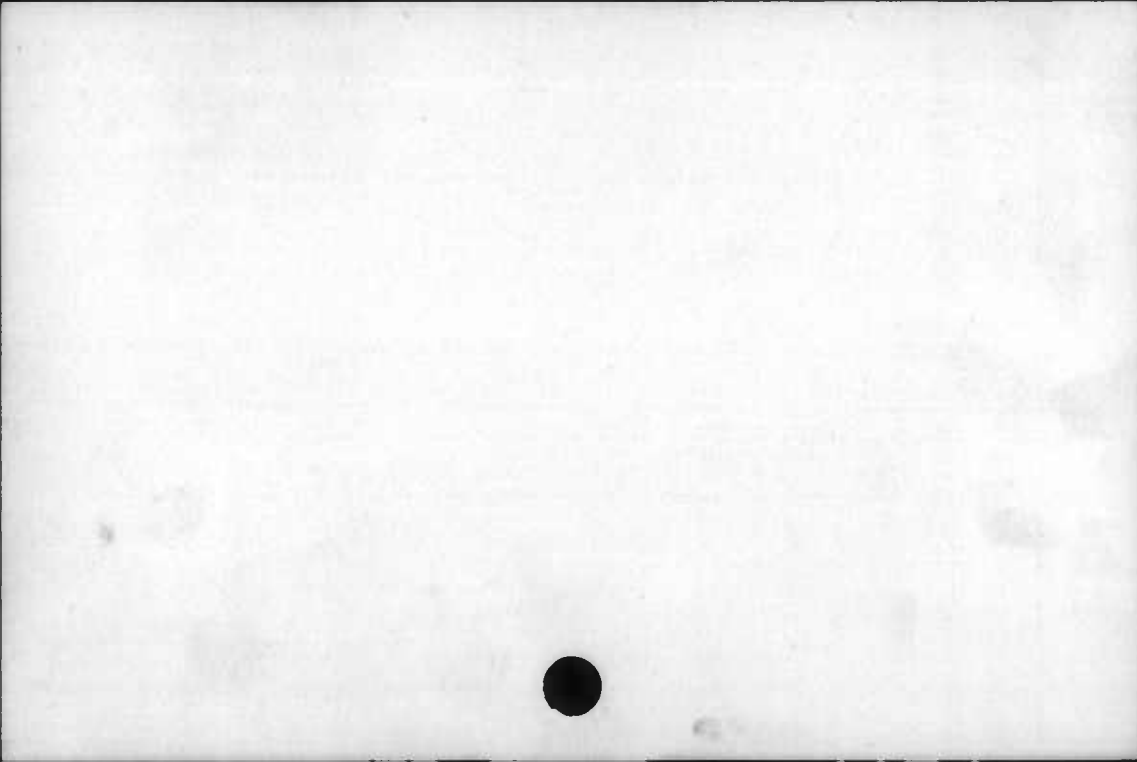
Died at		Town <i>Centerville Md</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1909	Month	6	Day	29	Age	72
Sex <i>Female</i>		Color or Race <i>Anglo Saxon</i>		Birth-place <i>Caroline Co. Md</i>		Months	
Occupation <i>Lady</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>L. H. Cortier</i>					
Father's Name <i>Thomas. Wood</i>		Father's Birthplace <i>Caroline Co Md</i>					
Mother's Maiden Name <i>Reziak Morgan</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Mrs M. A. Penick</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Progressive Paralysis</i>	How long	<i>3 or 4 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Centerville Md</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Carrie A. Harris*
Died at *Church Hill* Town *La Co* CountyDate of death *1909* June *12* Day *29* Years *10* Months *—* DaysSex *Female* Color or Race *White* Birth-place *L.A. Co Md*Occupation *Lady -* Where Residing if not at place of death *at place of death*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *James P. Harris* Father's Birthplace *La Co Md*Mother's Maiden Name *Sarah E. Horney* Mother's Birthplace *La Co Md*Name of person giving Information *How related to deceased*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONERPrimary *Acute Indigestion* How long *4 hours*Immediate *Exhaustion* How long *3 hours*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. S. Dudley MD*Address *Church Hill*Accident or Suicide? *No* *Mo 17 Cloud*

Church Hill
Cemetery

Name
in
Full

Rebecca Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winchester</i>		Town		County <i>D.A. Co.</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>6</i>		Day <i>7</i>		Years <i>5-7</i>	
Sex <i>Female</i>		Color or Race <i>Col</i>		Birth-place <i>D.A. Co.</i>			
Occupation <i>House wife</i>				Where Residing if not at place of death <i>Piney creek</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Dead</i>					
Father's Name <i>John Stewart</i>				Father's Birthplace <i>D.A. Co.</i>			
Mother's Maiden Name <i>Margaret Jones</i>				Mother's Birthplace <i>D.A. Co.</i>			
Name of person giving information <i>Benj. Carr</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>one year</i>	
Immediate <i>Second stroke</i>		How long <i>one hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. W. Chaires</i>	
		Address <i>Incentown, Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

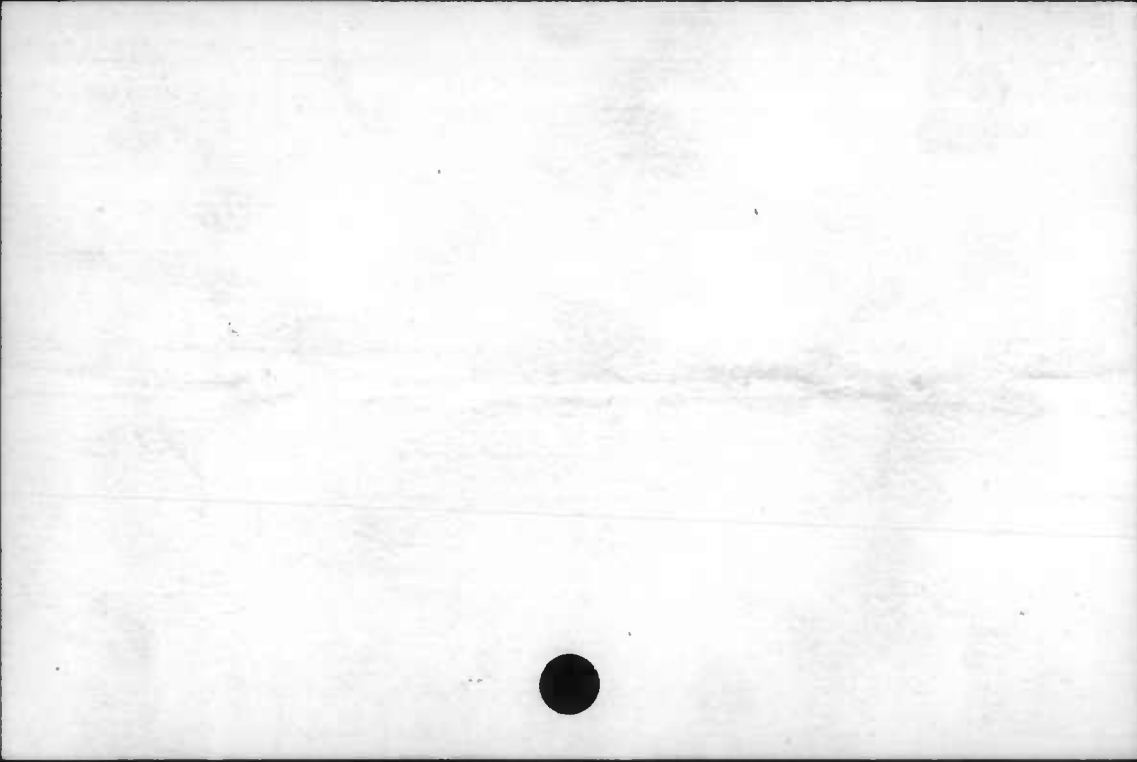
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John A. Kane</i>		Town <i>Barclay</i>		County <i>Dunn</i>		State <i>MARYLAND</i>	
Died at <i>Barclay</i>		Month <i>June</i>		Day <i>12</i>		Years <i>10</i>	
Date of death <i>1907</i>		Age <i>12</i>		Months <i>10</i>		Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth- place <i>Ind.</i>			
Occupation <i>School</i>		Where Residing if not at place of death <i>Barclay Ind.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Levi Kane</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Mary Sudler</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Levi Kane</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One Year</i>
Immediate <i>Heart failure</i>	How long <i>One Year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm W. Bowen M.D.</i>
	Address <i>Dunbar Ind.</i>
Accident or Suicide <i>no</i>	



Name
in
Full

Henry Konitzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		County Home 2. Anne's		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	6	Age 74			
Sex	Male	Color or Race	white		Birth-place	England	
Occupation	Laborer		Where Residing if not at place of death		2. A. Co Md		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Don't Know				Father's Birthplace	Don't Know	
Mother's Maiden Name	" "				Mother's Birthplace	"	
Name of person giving Information	J. M. Lister				How related to deceased	none	

CAUSES OF DEATH

120

How long

How long

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	
Immediate	Acute Bright's disease	How long	2 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. Holton M.D.
		Address	Centerville Md
Accident or Suicide			



Name
in
Full

Mrs Elizabeth Song

CERTIFICATE OF DEATH

Died at ^{Town} near Bushville ^{County} Turner Anne

MARYLAND

Date of death 1907 Month 6 Day 28 Age 60 Years Months Days

Sex Female Color or Race white Birth-place Ind

Occupation Housewife Where Residing if not at place of death Ind

Married, Single or Widowed Name of Wife or Husband Wm Song

Father's Name Eben Standing Father's Birthplace Ind

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Wm Song How related to deceased Has lived

CAUSES OF DEATH

64 ✓

Primary Apoplexy How long Three days
Immediate " " " "

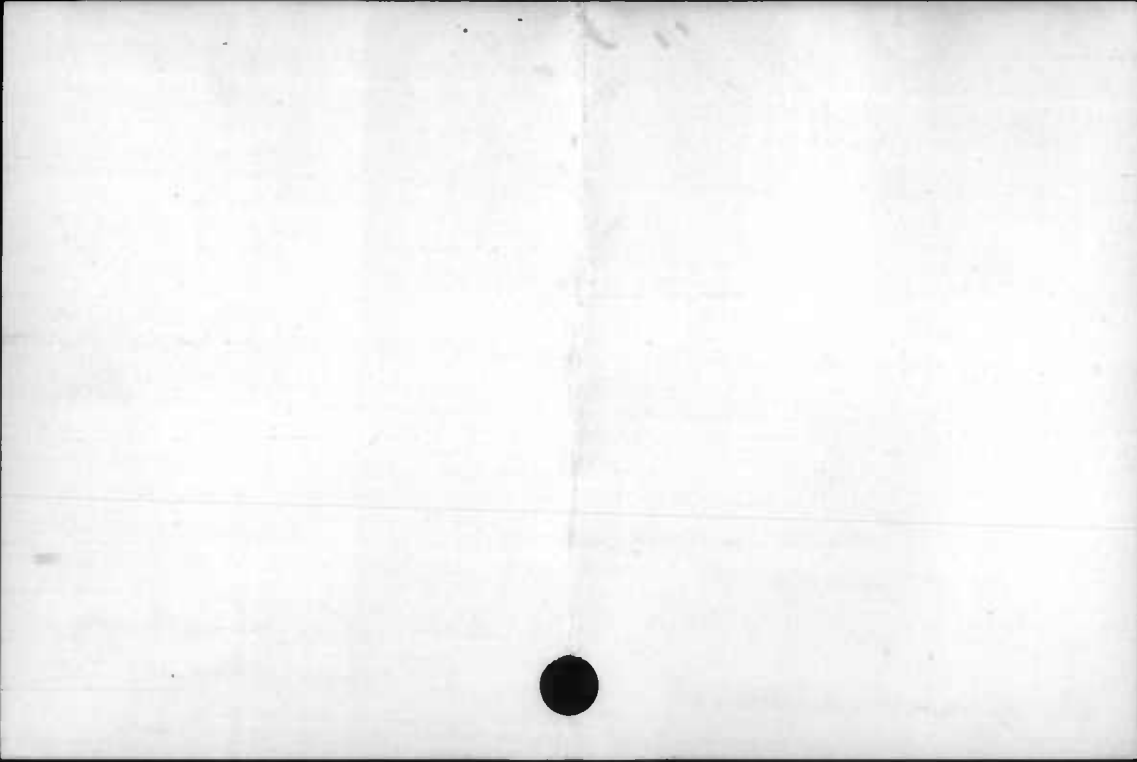
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician G. W. S. Suck

Address Bushville Ind

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

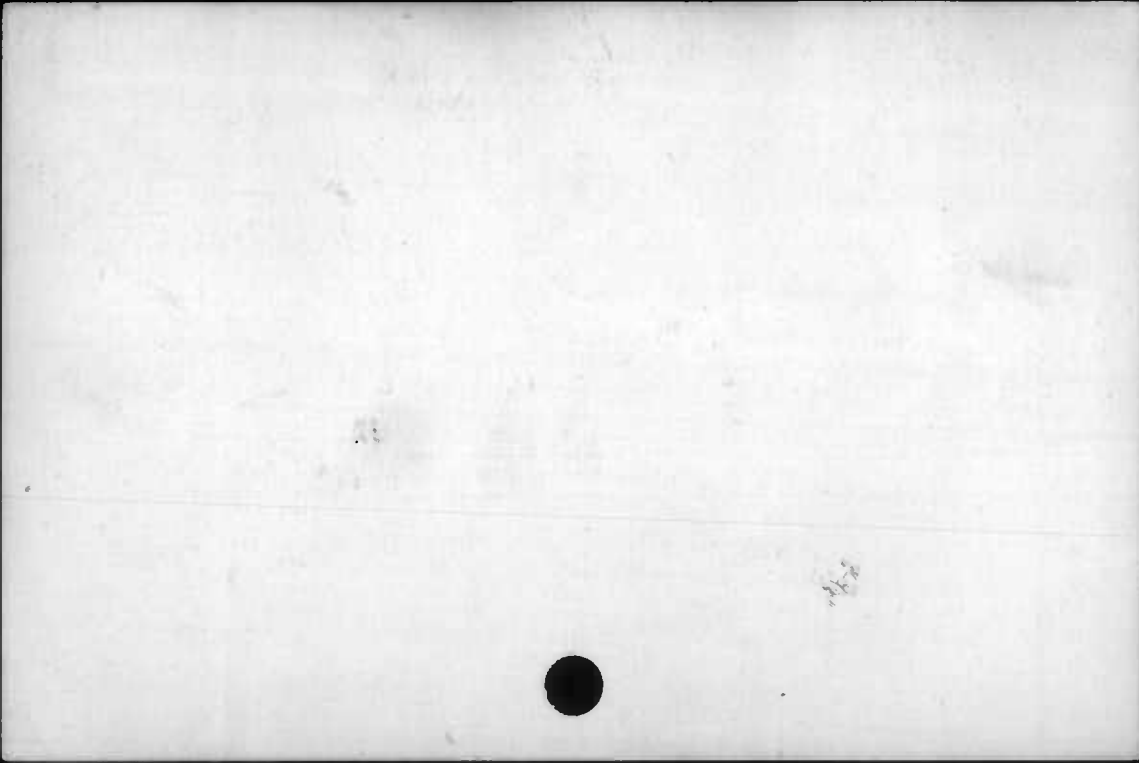
Died at <i>heighton Portown</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	Month <i>June</i>	Day <i>24</i>	Age <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>The Queen Anne's Farm</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Julia J. Maloy</i>				
Father's Name <i>Michael Maloy</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Lawless</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mary M. Magroga</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <i>Arterio sclerosis?</i>	How long <i>don't know.</i>
Immediate <i>Probably Organic Retenis</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur E. Landers</i>
<i>Only saw patient once and</i>	Address <i>Carompton</i>
	<i>that after death</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

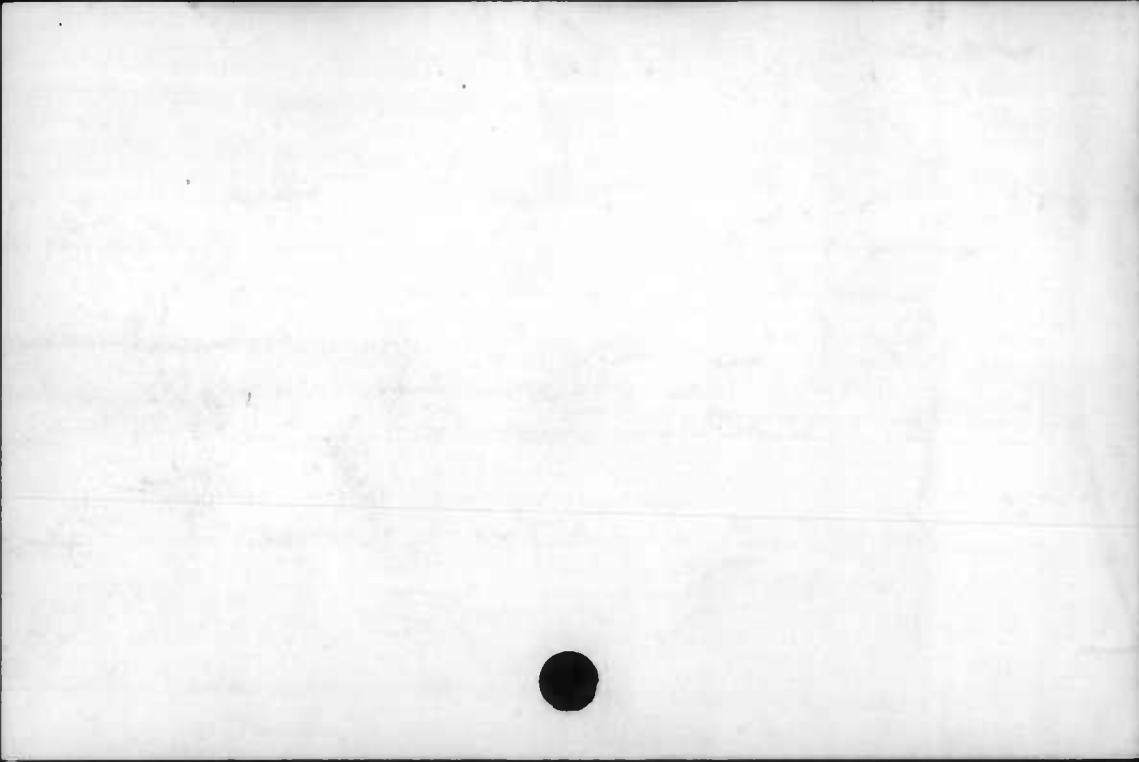
Died at <i>Deep Landing</i> ^{Town} <i>Queen Anne</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month} <i>6</i> ^{Day} <i>26</i> ^{Years} <i>93</i>	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Black</i>
Occupation	<i>Farm laborer</i>	Birth-place	<i>2 A Co</i>
Where Residing if not at place of death	<i>R.F.D #1, Chestertown, Md.</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	
Father's Name	<i>Clwood Massey</i>	Father's Birthplace	<i>2 A Co, Md.</i>
Mother's Maiden Name	<i>Lizzie Harkle</i>	Mother's Birthplace	<i>2 A Co Md.</i>
Name of person giving information	<i>Isaiah Anthony</i>	How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate	<i>9</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>
Signature of Physician	<i>Arthur E. Landers Md</i>
Address	<i>Crumpton Md</i>
Accident	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Isiah Moody - Town **Dryside** County **Duane Acres** **MARYLAND**

Died at **Dryside** Month **June** Day **23** Years **None** Months **2** Days **4**

Date of death 190 **9** Age **None**

Sex **Male** Color or Race **Colored** Birth-place **Duane Acres Co.**

Occupation **Infant** Where Residing (if not at place of death) **Place of death**

Married, Single or Widowed **Single** Name of Wife or Husband **None**

Father's Name **John Moody** Father's Birthplace **Duane Acres Co.**

Mother's Maiden Name **Bertha Morris** Mother's Birthplace **Duane Acres Co.**

Name of person giving Information **Bertha Moody** How related to deceased **Mother**

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

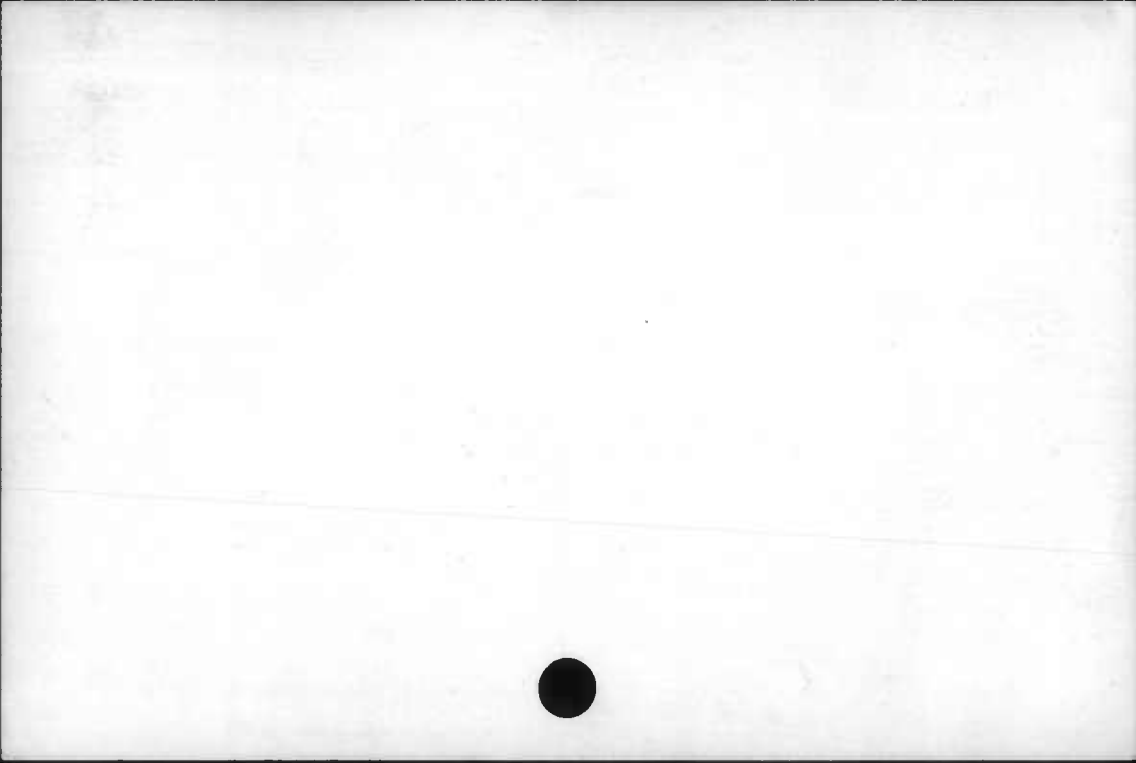
Primary **Chronic Enteritis** How long **Three months**

Immediate **Exhaustion** How long

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **Wm W. Brown M.D.** Address **Dryside Md.**

Accident or Suicide **No.**



Name
in
Full

Mary Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Sudersville</i> Town <i>24</i> County <i>es</i>		MARYLAND	
Date of death <i>1909 June 26</i>	Month <i>June</i> Day <i>26</i>	Age <i>80</i>	Years <i>9</i> Months <i>2</i> Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Delaware</i>	
Occupation <i>Lady</i>	Where Residing if not at place of death <i>at Place of death</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>David D Moore</i>		
Father's Name <i>James Brown</i>	Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>don't know</i>	Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Mrs John S. Gosen</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary <i>Manicholia, Dementia,</i>	How long <i>Six months</i>
Immediate <i>Softening of Brain</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Foster Sudbr</i>
	Address <i>Sudersville</i>
Accident or Suicide? <i>No</i>	<i>med</i>

Church Hill

Chapel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

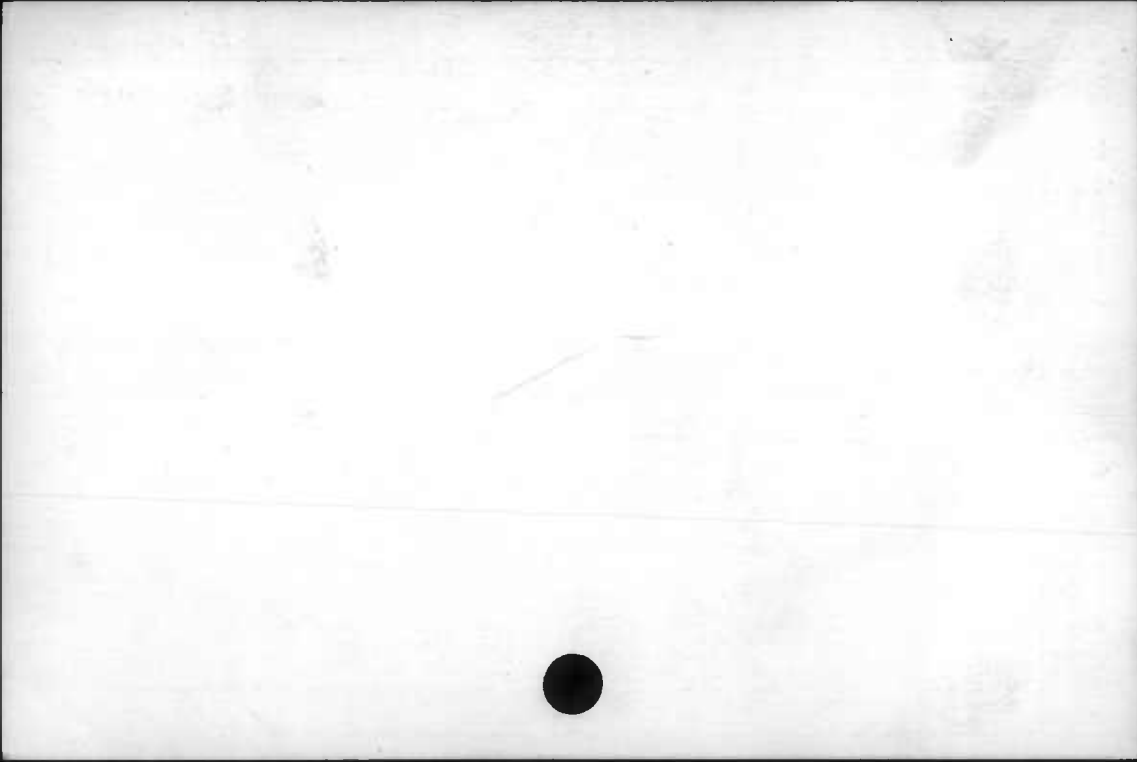
Died at <u>Stevensville</u> ^{Town} <u>L. 9.</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month} <u>June</u> ^{Day} <u>11</u> ^{Year}	Age <u>—</u>	<u>2</u> ^{Months}	<u>4</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Kent L.</u>	
Occupation <u>—</u>	Where Reading if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Philip Nickson</u>	Father's Birthplace <u>Kent Island</u>		
Mother's Maiden Name <u>Maggie Wallace</u>	Mother's Birthplace <u>Pilghuman's Reg</u>		
Name of person giving Information <u>1.</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Unknown</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>No doctor</u>	Signature of Physician <u>J. H. Zalsman</u>
Accident or Suicide	Address <u>—</u>



Name
in
Full

William Scott Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

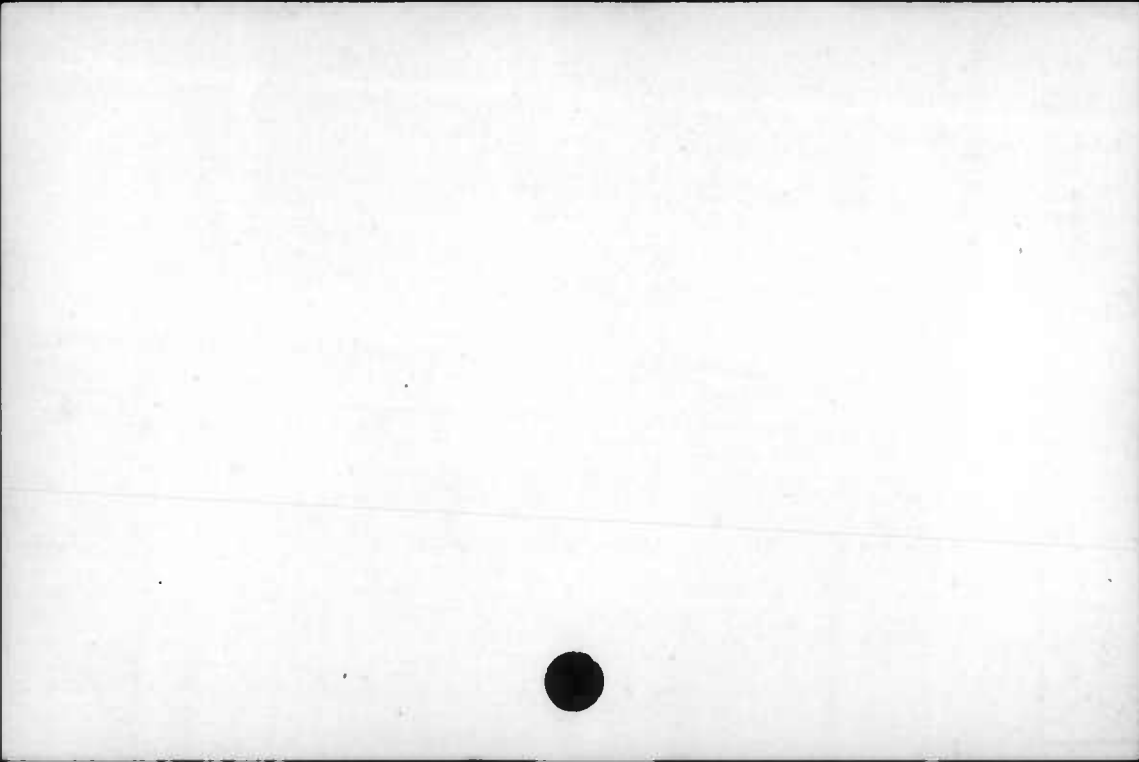
Died at ^{Town} Centerville		County ^{County} Queen Annes Co		MARYLAND	
Date of death	1909	Month	June	Day	Eight
Age		71 years		Months	
Sex	Male	Color or Race	White	Birth-place	Sudlersville Md
Occupation	Editor of Centerville Record Where Residing if not at place of death Centerville Md				
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Roberts		
Father's Name	Lemuel Roberts			Father's Birthplace	Md
Mother's Maiden Name	England Mira Scott Robert			Mother's Birthplace	England
Name of person giving information	Fidelity Roberts			How related to deceased	Brother

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Cirrhosis of Liver	How long	3 or 4 yrs
Immediate	Cardiac Paralysis	How long	Instantly
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. K. R. C.	
Address		Centerville Md	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mason Seager* Town *Near Crumpton* County *Queen Anne* MARYLAND

Died at *Near Crumpton*

Date of death 190 *9* Month *June* Day *22* Age *6* Years *6* Months *0* Days *0*

Sex *male* Color or Race *White* Birth-place *Queen Anne Co*

Occupation *Infant* Where Residing if not at place of death *At home*

Married, Single or Widowed *Infant* Name of Wife or Husband *Infant*

Father's Name *John Seager* Father's Birthplace *Queen Anne Co*

Mother's Maiden Name *Bessie Anderson* Mother's Birthplace *Queen Anne Co*

Name of person giving Information *John Seager* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *They say 3 days*

Immediate *Convulsions* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. Benge Simmons* Address *Chester town Md.*

Accident or Suicide

Church Hill
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

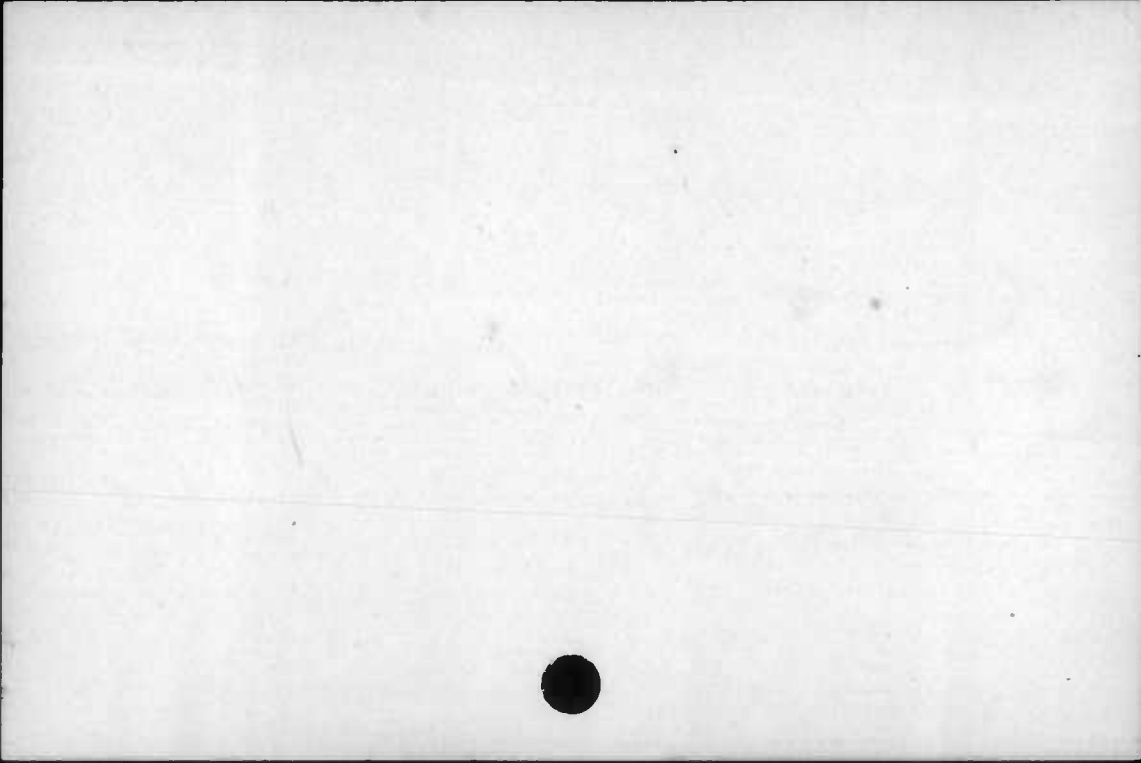
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Edw. Sewell</i>		Town <i>Ninchester</i>		County <i>D. A. Co.</i>		MARYLAND	
Died at <i>Ninchester</i>		Month <i>6</i>		Day <i>14</i>		Age <i>62</i>	
Date of death <i>1909</i>		Years <i>62</i>		Months		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Talbot Co., Md.</i>			
Occupation <i>Harness Maker</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Edw. Sewell</i>		Father's Birthplace <i>Talbot Co.</i>					
Mother's Maiden Name <i>Mary E. Kersy</i>		Mother's Birthplace <i>D. A. Co.</i>					
Name of person giving information <i>J. K. Sewell</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Empyema</i>	How long	<i>3 months</i>
Immediate	<i>Gangrene (began in feet)</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. W. Chaires</i>
Accident or Suicide?	<i>None general.</i>	Address	<i>Quincostown, Md.</i>



Name
in
Full

Benjamin G. Tolloway

CERTIFICATE OF DEATH

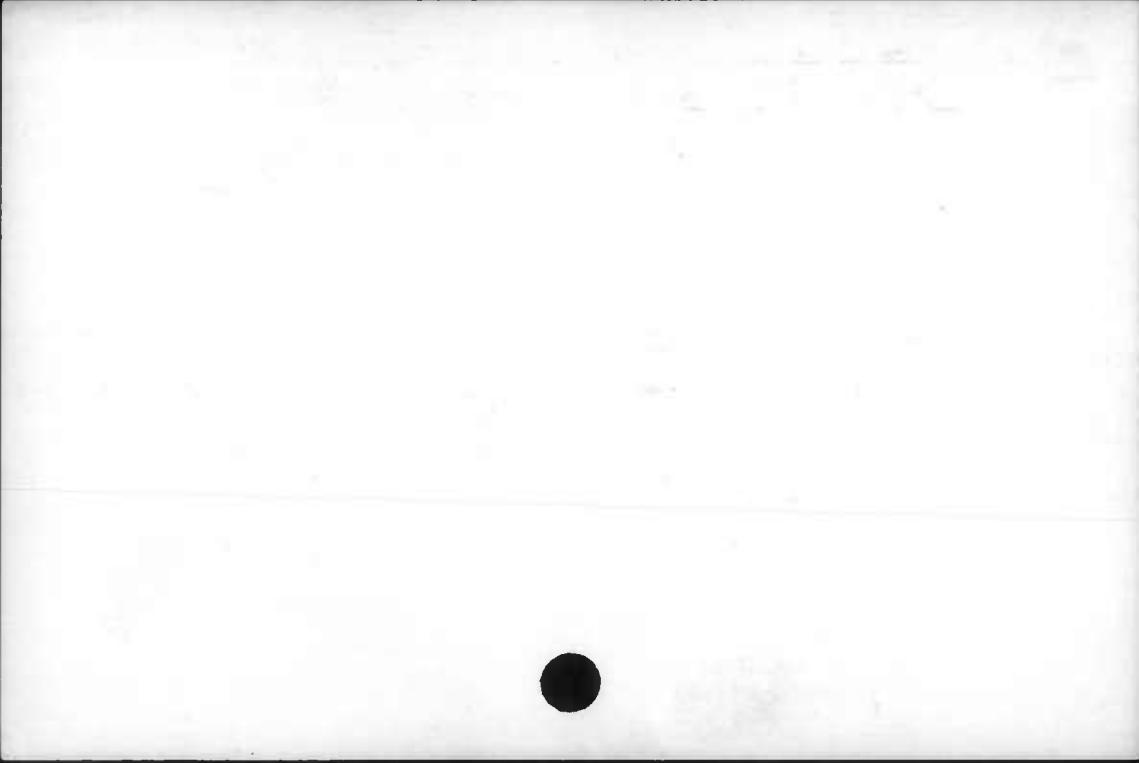
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		6	26	77	6	19	
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation		Where Residing if not at place of death					
Farm hand							
Married, Single or Widowed		Name of Wife or Husband					
Single		Emiline England					
Father's Name		Father's Birthplace					
John Tolloway		Md					
Mother's Maiden Name		Mother's Birthplace					
Miss Moyer		Md					
Name of person giving Information		How related to deceased					
Benjamin G. Tolloway		son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	hemioplegia	How long	96 hours
Immediate	Yes	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. N. W. H. Jacobs	
		Address	
		Millington Md	
Accident or Suicide			



Name
in
Full

Sarah M. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

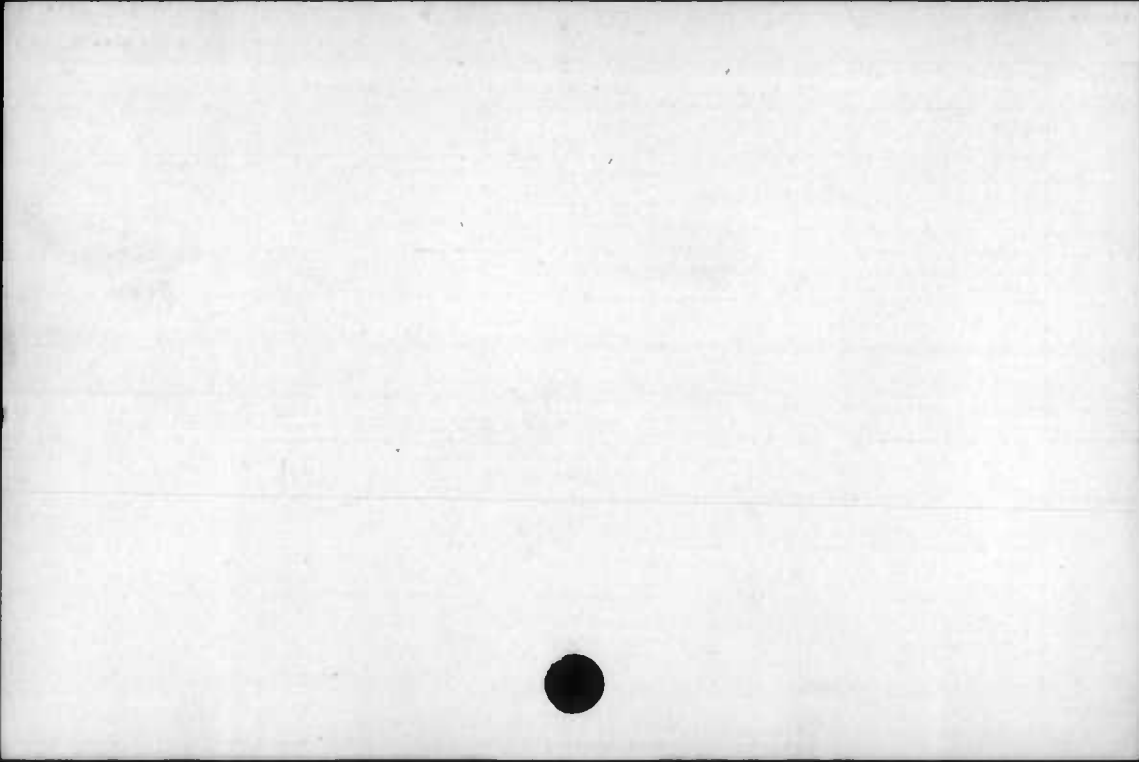
Died at <i>Starr</i> Town		<i>Queen Anne's</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>26</i>	Age <i>16</i> Years	Months <i>10</i>	Days <i>6</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Starr, Md.</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Anthony N. Thomas</i>			Father's Birthplace <i>Danston town Md.</i>		
Mother's Maiden Name <i>Sarah E. Downs</i>			Mother's Birthplace " " "		
Name of person giving information <i>Anthony N. Thomas</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary <i>Child Birth & Nursing child</i>	How long <i>since March 11th</i>
Immediate <i>Malaria Fever & Diarrhea</i>	How long <i>2 1/2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walter H. Farby, Md.</i>
	Address <i>Centreville P.R. Box Maryland.</i>
Accident or Suicide?	



Name

Full

CERTIFICATE OF DEATH

Ibby Turner

Died at *Brownsville* TownCounty *Queen Annes*

MARYLAND

Date of death *1909 June*

Month

Day

6

Age *67*

Years

Months

Days

Sex *Female*

Color or Race

*Negro*Birth-place *Queen Annes Co.*Occupation *House wife*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband

*Irving Turner*Father's Name *Thomas Askins*Father's Birthplace *Queen Annes Co*Mother's Maiden Name *Eliza Pierce*Mother's Birthplace *Queen Annes Co.*Name of person giving information *Irving Turner*How related to deceased *Husband*

CAUSES OF DEATH

79

Primary

Valvular Heart Disease

How long

Don't know

Immediate

Dropsy

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

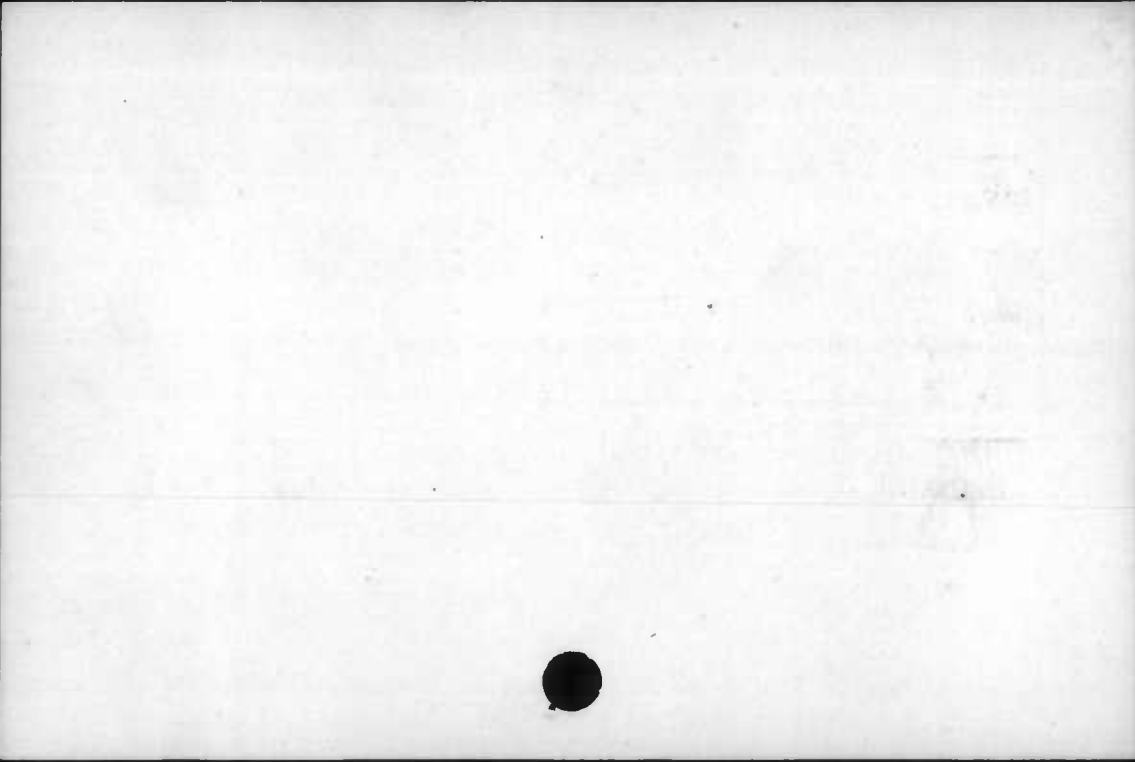
E. F. Smith

Address

*Centreville**Md.*

Accident or Suicide?

*No.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Unknown, Browne* Town *Unknown* County *0* MarylandDied at *Unknown* Date of death *1907* Month *June* Day *—* Age *—* Years *—* Months *—* Days *—*Sex *Male* Color or Race *Colored* Birthplace *—*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

172 ✓

PHYSICIAN
OR CORONERPrimary *Drowning,* How long *—*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *T. H. Tolson J. P.*Address *Stevensville*Accident *—* *md*

